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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on January 3, 2002

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PATENT APPLICATION
Attorney Docket No. M97-138600

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Klein) Examiner: Lo, L.
Serial No. 09/048,932)
Filing Date: March 26, 1998) Group Art Unit: 2614
Title: APPARATUS FOR ASSISTING VIDEO)
COMPRESSION IN A COMPUTER SYSTEM)

RESPONSE TO OFFICIAL ACTION UNDER 37 C.F.R. § 1.111

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Official Action mailed **November 7, 2001**, please consider the following amendments and remarks.

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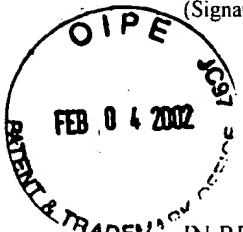
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Examiner: Lo, L.

Group Art Unit: 2614

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AMENDMENT TRANSMITTAL LETTER

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed November 7, 2001.
- A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and references.
- No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	20	MINUS = 20	0	x \$18 =	
Independent Claims	3	MINUS = 3	0	x \$84 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$____ is enclosed.
[] Charge \$____ to Deposit Account No. ____ (Docket No. ____).
[x] Please deduct any underpayments, credit any overpayments, and charge all required
extension of time fees to Deposit Account Number 50-1003. (Docket No. M97-
138600).

Edward J. Grundler
Park, Vaughan & Fleming LLP
508 Second Street, Suite 201
Davis, CA 95616
Tel: (530) 759-1663
FAX: (530) 759-1665

Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: January 3, 2002